HNE Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in HNE Medicare Advantage depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Please contact HNE Medicare Advantage for details at 413.787.0010 or 877.431.2122. TTY/TDD users call 800.439.2370. A representative is available between 8:00 a.m. and 8:00 p.m., Monday – Friday (October 1 - February 14: 8:00 a.m. - 8:00 p.m., 7 days a week).

If you’d like to come to our office and meet with an HNE Medicare Specialist or Member Services Representative*, we are located on the 15th floor of Monarch Place in Springfield. HNE’s office hours are 9:00 a.m. to 4:00 p.m., Monday – Friday.

For questions related to Prescription Drug coverage, call 800.546.5677, 24 hours a day, 7 days a week. TTY/TDD users should call 866.706.4757.

*Licensed health insurance sales representatives
++HNE Medicare Advantage is a 4.5 star overall rated plan for 2015. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. Go to medicare.gov to check Medicare Star Ratings.
<table>
<thead>
<tr>
<th>Monthly Plan Premium</th>
<th>HNE Medicare Premium (HMO)**</th>
<th>HNE Medicare Plus (HMO)</th>
<th>HNE Medicare Basic (HMO)**</th>
<th>HNE Medicare Value (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Out-of-Pocket Maximum</strong></td>
<td><strong>$164</strong></td>
<td><strong>$114</strong></td>
<td><strong>$83</strong></td>
<td><strong>$28</strong></td>
</tr>
<tr>
<td><strong>Office Visits ($0 annual preventive exam)</strong></td>
<td><strong>$3,400</strong></td>
<td><strong>$3,400</strong></td>
<td><strong>$3,400</strong></td>
<td><strong>$6,700</strong></td>
</tr>
<tr>
<td><strong>Specialist Office Visits</strong></td>
<td><strong>$15</strong></td>
<td><strong>$20</strong></td>
<td><strong>$30</strong></td>
<td><strong>$35</strong></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td><strong>$20</strong></td>
<td><strong>$30</strong></td>
<td><strong>$40</strong></td>
<td><strong>$45</strong></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td><strong>$20</strong></td>
<td><strong>$30</strong></td>
<td><strong>$40</strong></td>
<td><strong>$45</strong></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td><strong>$300 per admission</strong>*</td>
<td><strong>$600 per admission</strong>*</td>
<td><strong>$900 per admission</strong>*</td>
<td><strong>$295 per day for Days 1-5</strong></td>
</tr>
<tr>
<td><strong>World Wide Emergency Room (ER)</strong></td>
<td><strong>$75</strong></td>
<td><strong>$75</strong></td>
<td><strong>$75</strong></td>
<td><strong>$75</strong></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td><strong>$150</strong></td>
<td><strong>$150</strong></td>
<td><strong>$150</strong></td>
<td><strong>$175</strong></td>
</tr>
<tr>
<td><strong>Outpatient Rehabilitation (PA after visit 25)</strong>****</td>
<td><strong>$20</strong></td>
<td><strong>$30</strong></td>
<td><strong>$40</strong></td>
<td><strong>$40</strong></td>
</tr>
<tr>
<td><strong>High Cost Imaging</strong></td>
<td><strong>$100</strong></td>
<td><strong>$150</strong></td>
<td><strong>$200</strong></td>
<td><strong>$200</strong></td>
</tr>
<tr>
<td><strong>Lab Work/X-rays</strong></td>
<td><strong>$0 Labs/ $10 X-Rays</strong></td>
<td><strong>$0 Labs/ $10 X-Rays</strong></td>
<td><strong>$0 Labs/ $15 X-Rays</strong></td>
<td><strong>$25 Labs/ $25 X-Rays</strong></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment/Prosthetics</strong></td>
<td><strong>15% coinsurance</strong>*</td>
<td><strong>20% coinsurance</strong>*</td>
<td><strong>20% coinsurance</strong>*</td>
<td><strong>20% coinsurance</strong>*</td>
</tr>
<tr>
<td><strong>Additional Benefits</strong></td>
<td><strong>Preventive Hearing Exam+</strong></td>
<td><strong>$20</strong></td>
<td><strong>$30</strong></td>
<td><strong>$40</strong></td>
</tr>
<tr>
<td><strong>Preventive Vision Exam+</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td><strong>Vision Eye Wear Allowance+</strong></td>
<td><strong>$100 every two years</strong></td>
<td><strong>$100 every two years</strong></td>
<td><strong>$100 every two years</strong></td>
<td><strong>$100 every two years</strong></td>
</tr>
<tr>
<td><strong>Dental Services Allowance+</strong></td>
<td><strong>$150 per year</strong></td>
<td><strong>$150 per year</strong></td>
<td><strong>$150 per year</strong></td>
<td><strong>$150 per year</strong></td>
</tr>
<tr>
<td><strong>Fitness Center/Weight Watchers®/Safety Items/Over-the-Counter Allowance+</strong></td>
<td><strong>$150 per year</strong></td>
<td><strong>$150 per year</strong></td>
<td><strong>$150 per year</strong></td>
<td><strong>$150 per year</strong></td>
</tr>
<tr>
<td><strong>Wig Allowance+</strong></td>
<td><strong>$350 per year (if on chemotherapy)</strong></td>
<td><strong>$350 per year (if on chemotherapy)</strong></td>
<td><strong>$350 per year (if on chemotherapy)</strong></td>
<td><strong>$350 per year (if on chemotherapy)</strong></td>
</tr>
<tr>
<td><strong>Prescription Drug (Part D) Coverage</strong></td>
<td><strong>Deductible</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>$150</strong></td>
</tr>
<tr>
<td><strong>Initial Coverage</strong></td>
<td><strong>Up to $3,310 in Drug Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coverage Gap - Over $3,310 in Drug Costs; Up to $4,850 in Out-of-Pocket Costs</strong></td>
<td><strong>$10 copay Generic; $45 Brand;</strong></td>
<td><strong>$10 copay Generic; $45 Brand;</strong></td>
<td><strong>$10 copay Generic; $45 Brand;</strong></td>
<td><strong>$10 copay Generic; $45 Brand;</strong></td>
</tr>
<tr>
<td><strong>Catastrophic Coverage</strong></td>
<td><strong>Over $4,850 in Out-of-Pocket Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mail-order (Three month supply) ++</strong></td>
<td><strong>$20 Generic; $90 Brand;</strong></td>
<td><strong>$20 Generic; $90 Brand;</strong></td>
<td><strong>$20 Generic; $90 Brand;</strong></td>
<td><strong>$20 Generic; $90 Brand;</strong></td>
</tr>
</tbody>
</table>

*Some services require prior authorization (PA). Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from HNE on your behalf. For a complete list of services that require prior authorization, refer to the summary of benefits.

**Plan available without Prescription Drug (Part D) Coverage. HNE Medicare Premium No Rx (HMO) monthly premium is $97 and HNE Medicare Basic No Rx (HMO) monthly premium is $27.

***3 copayment maximum per year.

**** PA after visit 25 or if services are rendered in a SNF as an outpatient benefit when member is a resident of the SNF.

*NNE additional benefits include allowances that must be used within the one or two calendar year period, as well as other additional benefits. Refer to the Summary of Benefits or call Member Services if you have questions about what items and services are covered.

++Mail-order: During the coverage gap stage, generics are covered at $20 for a three month supply; for all other drugs, you pay 45% of the price or the HNE negotiated price, whichever is lower. For the Value plan and the Basic plan, standard coverage gap cost-sharing applies. During the catastrophic coverage stage, standard catastrophic coverage applies for all plans.